

# United States Census 2000

U.S. Department of Commerce • Bureau of the Census



This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs today and in the future!

## Start Here

Please use a black or blue pen.

**1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?**

Number of people

**INCLUDE** in this number:

- foster children, roomers, or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while working, even if they have another place to live

**DO NOT INCLUDE** in this number:

- college students living away while attending college
- people in a correctional facility, nursing home, or mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time

**2. Is this house, apartment, or mobile home —**  
 Mark  **ONE** box.

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent?

**3. Please answer the following questions for each person living in this house, apartment, or mobile home. Start with the name of one of the people living here who owns, is buying, or rents this house, apartment, or mobile home. If there is no such person, start with any adult living or staying here. We will refer to this person as Person 1.**

**What is this person's name?** *Print name below.*

Last Name

First Name

MI

**4. What is Person 1's telephone number?** *We may call this person if we don't understand an answer.*

Area Code + Number

-  -

**5. What is Person 1's sex?** Mark  **ONE** box.

- Male
- Female

**6. What is Person 1's age and what is Person 1's date of birth?**

Age on April 1, 2000

*Print numbers in boxes.*

Month Day Year of birth

➔ **NOTE: Please answer BOTH Questions 7 and 8.**

**7. Is Person 1 Spanish/Hispanic/Latino?** Mark  the **"No"** box if **not** Spanish/Hispanic/Latino.

- No**, not Spanish/Hispanic/Latino
- Yes, Puerto Rican
- Yes, Mexican, Mexican Am., Chicano
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino — *Print group.* ↘

**8. What is Person 1's race?** Mark  **one or more races** to indicate what this person considers himself/herself to be.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↘

- Asian Indian
- Chinese
- Filipino
- Other Asian — *Print race.* ↘
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander — *Print race.* ↘

- Some other race — *Print race.* ↘

➔ **If more people live here, continue with Person 2.**

# Person 2

Your answers are important!  
Every person in the Census counts.



1. What is Person 2's name? *Print name below.*

Last Name

First Name

MI

2. How is this person related to Person 1? Mark  ONE box.

- |  |  |
|--|--|
| <input type="checkbox"/> Husband/wife                                      | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                         | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                              | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                              | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                                    | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                     | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild  |  |
| <input type="checkbox"/> Parent-in-law                                     |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                        |  |
| <input type="checkbox"/> Other relative — <i>Print exact relationship.</i> | <input type="text"/>                         |

3. What is this person's sex? Mark  ONE box.

- Male  Female

4. What is this person's age and what is this person's date of birth? *Print numbers in boxes.*

Age on April 1, 2000    Month    Day    Year of birth

➔ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if not Spanish/Hispanic/Latino.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                          | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                       | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — *Print name of enrolled or principal tribe.*

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian                             |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Korean     | <input type="checkbox"/> Guamanian or Chamorro                       |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan                                      |
| <input type="checkbox"/> Other Asian — <i>Print race.</i> |                                     | <input type="checkbox"/> Other Pacific Islander — <i>Print race.</i> |

- Some other race — *Print race.*

➔ If more people live here, continue with Person 3.

# Person 3

Census information helps your community get financial assistance for roads, hospitals, schools, and more.



1. What is Person 3's name? *Print name below.*

Last Name

First Name

MI

2. How is this person related to Person 1? Mark  ONE box.

- |  |  |
|--|--|
| <input type="checkbox"/> Husband/wife                                      | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                         | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                              | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                              | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                                    | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                     | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild  |  |
| <input type="checkbox"/> Parent-in-law                                     |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                        |  |
| <input type="checkbox"/> Other relative — <i>Print exact relationship.</i> | <input type="text"/>                         |

3. What is this person's sex? Mark  ONE box.

- Male  Female

4. What is this person's age and what is this person's date of birth? *Print numbers in boxes.*

Age on April 1, 2000    Month    Day    Year of birth

➔ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if not Spanish/Hispanic/Latino.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                          | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                       | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — *Print name of enrolled or principal tribe.*

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian                             |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Korean     | <input type="checkbox"/> Guamanian or Chamorro                       |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan                                      |
| <input type="checkbox"/> Other Asian — <i>Print race.</i> |                                     | <input type="checkbox"/> Other Pacific Islander — <i>Print race.</i> |

- Some other race — *Print race.*

➔ If more people live here, continue with Person 4.

# Person 4

Information about children helps your community plan for child care, education, and recreation.



1. What is Person 4's name? Print name below.

Last Name

First Name

MI

2. How is this person related to Person 1? Mark  ONE box.

- |   |  |
|---|--|
| <input type="checkbox"/> Husband/wife                                 | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                    | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                         | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                         | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                               | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild                                   |  |
| <input type="checkbox"/> Parent-in-law                                |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                   |  |
| <input type="checkbox"/> Other relative — Print exact relationship. → | <input type="text"/>                         |

3. What is this person's sex? Mark  ONE box.

- Male       Female

4. What is this person's age and what is this person's date of birth? Print numbers in boxes.

Age on April 1, 2000

Month

Day

Year of birth





→ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if not Spanish/Hispanic/Latino.

- |  |  |
|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                     | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                  | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — Print group. ↘ |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — Print name of enrolled or principal tribe. ↘

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian                           | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese                                | <input type="checkbox"/> Korean     | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino                               | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian — Print race. ↘            |                                     |  |
| <input type="checkbox"/> Other Pacific Islander — Print race. ↘ |                                     |  |

- Some other race — Print race. ↘

→ If more people live here, continue with Person 5.

# Person 5

Knowing about age, race, and sex helps your community better meet the needs of everyone.



1. What is Person 5's name? Print name below.

Last Name

First Name

MI

2. How is this person related to Person 1? Mark  ONE box.

- |   |  |
|---|--|
| <input type="checkbox"/> Husband/wife                                 | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                    | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                         | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                         | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                               | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild                                   |  |
| <input type="checkbox"/> Parent-in-law                                |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                   |  |
| <input type="checkbox"/> Other relative — Print exact relationship. → | <input type="text"/>                         |

3. What is this person's sex? Mark  ONE box.

- Male       Female

4. What is this person's age and what is this person's date of birth? Print numbers in boxes.

Age on April 1, 2000

Month

Day

Year of birth





→ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if not Spanish/Hispanic/Latino.

- |  |  |
|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                     | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                  | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — Print group. ↘ |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — Print name of enrolled or principal tribe. ↘

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian                           | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese                                | <input type="checkbox"/> Korean     | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino                               | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian — Print race. ↘            |                                     |  |
| <input type="checkbox"/> Other Pacific Islander — Print race. ↘ |                                     |  |

- Some other race — Print race. ↘

→ If more people live here, continue with Person 6.



# Person 6

Your answers help  
your community plan  
for the future.



## 1. What is Person 6's name? *Print name below.*

Last Name

First Name

MI

## 2. How is this person related to Person 1? Mark ONE box.

- |  |  |
|--|--|
| <input type="checkbox"/> Husband/wife  | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                           | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                                | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                                | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                                      | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                       | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild  |  |
| <input type="checkbox"/> Parent-in-law                                       |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                          |  |
| <input type="checkbox"/> Other relative — <i>Print exact relationship.</i> → | <input type="text"/>                         |

## 3. What is this person's sex? Mark ONE box.

- Male       Female

## 4. What is this person's age and what is this person's date of birth? *Print numbers in boxes.*

Age on April 1, 2000      Month      Day      Year of birth

→ NOTE: Please answer BOTH Questions 5 and 6.

## 5. Is this person Spanish/Hispanic/Latino? Mark the "No" box if not Spanish/Hispanic/Latino.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                            | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                         | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> ↘ |  |

## 6. What is this person's race? Mark one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↘

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asian Indian                       | <input type="checkbox"/> Japanese                                      | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese                            | <input type="checkbox"/> Korean  | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino                           | <input type="checkbox"/> Vietnamese                                    | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian — <i>Print race.</i> ↘ | <input type="checkbox"/> Other Pacific Islander — <i>Print race.</i> ↘ |  |

- Some other race — *Print race.* ↘

→ If more people live here, list their names on the back of this page in the spaces provided.

**Please turn  
to go to last  
page.**

## Persons 7 – 12

If you didn't have room to list everyone who lives in this house or apartment, please list the others below. You may be contacted by the Census Bureau for the same information about these people.

**Person 7** — Last Name

First Name

MI

**Person 8** — Last Name

First Name

MI

**Person 9** — Last Name

First Name

MI

**Person 10** — Last Name

First Name

MI

**Person 11** — Last Name

First Name

MI

**Person 12** — Last Name

First Name

MI

The Census Bureau estimates that, for the average household, this form will take about 10 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

**Thank you for  
completing your official  
U.S. Census 2000 form.**

The "Informational Copy" shows the content of the United States Census 2000 "short" form questionnaire. Each household will receive either a short form (100-percent questions) or a long form (100-percent and sample questions). The short form questionnaire contains 6 population questions and 1 housing question. On average, about 5 in every 6 households will receive the short form. The content of the forms resulted from reviewing the 1990 census data, consulting with federal and non-federal data users, and conducting tests.

For additional information about Census 2000, visit our website at **www.census.gov** or write to the Director, Bureau of the Census, Washington, DC 20233.

### FOR OFFICE USE ONLY

**A. JIC1**

**B. JIC2**

**C. JIC3**

**D. JIC4**



**If you need help completing this form, call 1-800-XXX-XXXX between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.**

**TDD — Telephone display device for the hearing impaired. Call 1-800-XXX-XXXX between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.**

**¿NECESITA AYUDA?** Si usted necesita ayuda para completar este cuestionario llame al 1-800-XXX-XXXX entre las 8:00 a.m. y las 9:00 p.m., 7 días a la semana. La llamada telefónica es gratis.

